## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L04000062144

MEWBORN, VIRGINIA D

REGO PARK, NY 11374

65-65 WETHEROLE ST. 3-0

Name:

Address:

City-St-Zip:

Entity Name: MRDV LAND, L.L.C.

FILED May 06, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 1645 METROPOLITAN BLVD. TALLAHASSEE, FL 32308 **Current Mailing Address: New Mailing Address:** 1645 METROPOLITAN BLVD. TALLAHASSEE, FL 32308 FEI Number: 26-5899085 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SHAPLEY, RICHARD P 478 FRANK SHAW RD. TALLAHASSEE, FL 32312 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGR Title: () Change () Addition () Delete SHAPLEY, RICK Name: Name: Address: 478 FRANK SHAW RD. Address: City-St-Zip: TALLAHASSEE, FL 32312 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: SHAPLEY, MICHELE Name: Address: 478 FRANK SHAW RD. Address: City-St-Zip: TALLAHASSEE, FL 32312 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition MEWBORN, FRANCIS B II Name: Name: 801 ATLANTA COUNTRY CLUB DR. Address: Address: City-St-Zip: MARIETTA, GA 30067 City-St-Zip: Title: MGRM ( ) Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

Name:

Address:

City-St-Zip:

SIGNATURE: RICK SHAPLEY MR. 05/06/2008